

DOCUMENT RESUME

ED 214 330

EC 141 548

AUTHOR Garrett, Judith Nealer
TITLE Early Intervention for High Risk Infants and Their Adolescent Mothers. Progress Report for Second Year, July 1, 1980-June 30, 1981.
INSTITUTION Rotterdam City Council (Netherlands).
SPONS AGENCY Department of Education, Washington, D.C.
PUB DATE 81
GRANT G007900508
NOTE 68p.; Best copy available.

EDRS PRICE MF01/PC03 Plus Postage.
DESCRIPTORS Adolescents; Agency Cooperation; *High Risk Persons; Infants; Inservice Teacher Education; *Intervention; Mothers; Parent Education; Parent Participation; *Program Descriptions; Program Evaluation; Staff Development; *Stimulation
IDENTIFIERS *Adolescent Parents

ABSTRACT

The second year progress report provides information on a program to provide early intervention for high risk infants and their adolescent mothers at the National Children's Center, Washington, D.C., which provided two infant stimulation classes 5 days per week for 15 handicapped children (6 to 36 months). Program accomplishments are reported in terms of the specific objectives of the original application, including direct and supplementary services for children, parent/family participation, assessment of child progress, inservice training and staff development, training for personnel from other agencies, demonstration and dissemination, coordination with other agencies, continuation and replication, and advisory council. Accomplishments, slippages, and relevant statistical data are provided for each area. Appended are the child evaluation schedule, the individualized education program form, parent consent forms, lesson plans, and handouts for parents. (DB)

* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *

ED214330

EARLY INTERVENTION FOR HIGH RISK
INFANTS AND THEIR ADOLESCENT MOTHERS

(CFDA - No. 13,444A)

National Children's Center, Inc.
6200 Second Street, N.W.
Washington, D.C. 20011

Progress Report For Second Year

July 1, 1980 - June 30, 1981

Judith Nealer Garrett

BEST COPY AVAILABLE

The Project reported herein was performed pursuant to Grant No. G007900508 from the United States Department of Education. The opinions expressed herein do not necessarily reflect the position or policy of the Department of Education, and no official endorsement by the Department of Education should be inferred.

U.S. DEPARTMENT OF EDUCATION
NATIONAL INSTITUTE OF EDUCATION
EDUCATIONAL RESOURCES INFORMATION
CENTER (ERIC)

☒ This document has been reproduced as received from the person or organization originating it.
☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official NIE position or policy.

EC

EC141548

TABLE OF CONTENTS

	<u>page</u>
I. Department of Education Forms -----	1
II. Financial Report -----	5
III. Direct and Supplementary Service for Children -----	6
IV. Parent/Family Participation -----	9
V. Assessment of Child Progress -----	14
VI. Inservice Training for Project Staff -----	22
VII. Training for Personnel from Other Agencies -----	26
VIII. Demonstration and Dissemination Activities -----	28
IX. Coordination with Other Agencies -----	30
X. Continuation and Replication -----	32
XI. Advisory Council -----	34
XII. Spin-Off Activities -----	35
XIII. Appendix	
A. Evaluation Schedule	
B. Sample IEP	
C. Activities Chart	
D. Sample Contract	
E. Sample IFP	
F. Sample Lessons	
----Mothers' Group	
----Classroom Participation	
G. Fact Sheet	
H. Sample from Parent Guide	
I. Referral Process	
J. Contact List	
K. Demonstration List	
L. Advisory Council	
----Agenda	

PROGRAM PERFORMANCE REPORT (Discretionary Grants)

Other monies or other benefits may be, but will not necessarily be, withheld under this program unless this report is completed and filed as required by existing law and regulations (45 CFR 121 GSA FMC 74-7).

Part I

All grantees with awards from programs listed under "General Instructions" above respond.

1. Date of Report:

September 29, 1981

2. Grant Number:

600 7900 508

3. Period of Report: From:

July 1, 1980

To:

July 1, 1981

4. Grantee Name and Descriptive Name of Project:

Early Intervention for High Risk Infants and Their Adolescent Mothers

Certification: I certify that to the best of my knowledge and belief this report (consisting of this and subsequent pages and attachments) is correct and complete in all respects, except as may be specifically noted herein.

Typed Name of Project Director(s) or Principal Investigator(s):

Judith Nealer Garrett

Signature of Project Director(s) or Principal Investigator(s):

Judith Nealer Garrett

Part II ("Accomplishments" Reporting)

A. All grantees, except for those with awards under 13.443 are to respond to this Section A. Grantees under 13.443 go to B of Part II.

All grantees with awards under 13.444 except those supported solely for "Outreach" activities are to follow the organization of categories listed below in presenting their performance reports. The categories are based on activities common to all Early Childhood projects with the exception noted above for projects solely supported for outreach activities.

- (1) Direct and Supplementary Services for Children's Services
- (2) Parent Family Participation
- (3) Assessment of Child's Progress
- (4) Inservice Training for Project Staff
- (5) Training for Personnel from other Programs or Agencies
- (6) Demonstration and Dissemination Activities
- (7) Coordination with other Agencies
- (8) Continuation and Replication

The grant application for programs 13.445, 13.446, 13.450, and 13.510 provided for the following functions or activities as categorical headings in the budget and narrative sections:

Research and Development
Demonstration Service
Evaluation

Dissemination
Preservice/Inservice
Training

Programs 13.451 and 13.452 do not normally require a budget, but since the primary function of activity is training, they are included here.

For each of the above programs, functions, or activities (as well as those of special import for certain programs, e.g., replication, advisory councils, parent involvement) discuss the objectives and subobjectives presented in the approved application (in narrative format) in terms of:

- (a) Accomplishments and milestones met.
- (b) Slippages in attainment and reasons for the slippages.

Refer back to your application and utilize your quantitative projections, scheduled chronological order and target dates and data collected and maintained as well as criteria and methodologies used to evaluate results for (a) and (b). For grantees under 13.444, in discussing training or personnel from other programs, include descriptions of types of training, institutions or organizations involved, and numbers of trainees and hours of training received.

Also highlight those phases of the plans of action presented in your application that proved most successful, as well as those that upon implementation did not appear fruitful. NOTE: Outreach grantees are to discuss accomplishments and slippages in terms of replication and stimulation of services, resources provided and field testing and dissemination and training in terms of types of personnel receiving training and the number of hours involved.

Grantees finishing this portion of Part II, go to C of Part II.

B. Reporting for Grantees under 13.443 (Research and Demonstration).

Discuss major activities carried out, major departures from the original plan, problems encountered, significant preliminary findings, results of field testing, and evaluation of any final product. Further provide copies of, or discuss problems, studies, or research reports in newspapers or

zines, journals, etc.; papers prepared for professional meetings; textual and graphic materials; completed curriculum materials and instructional guides, or drafts if in a developmental stage, special methods, techniques and models developed; scales and other measuring devices used.

When finished with this portion of Part II, 13.443 grantees go to C of Part II.

C All grantees are to respond to this section C. Discuss the following:

(1) Unanticipated or anticipated spinoff developments (i.e., those which were not part of your originally approved subobjectives, but which are contemplated within the purpose of the Education for the Handicapped legislation, such as new cooperative inter-agency efforts, a decision by volunteer(s) to pursue a career in special education, new public school policy to integrate handicapped children into regular classrooms, enactment of mandatory or other State legislation affecting early education, relevant new course offerings at universities, etc.).

(2) Where outputs are quantified in response to any portion of Part II, relate quantifications to cost data for computation of unit costs. Analyze and explain high-cost units.

(3) Indicate other matters which you would like OE to know about (e.g., community response to the project, matters concerning the project's working relationship with OE, technical assistance of OE staff, or any other relevant subject.).

Part III

All grantees with a Demonstration/Service function or activity, except for 13.444 grantees who are solely supported for "outreach" activities, are to complete Tables IA, IB, and IC. All grantees under 13.451, as well as those under other handi-

capped programs with a Preservice/Inservice Training activity are to complete Table II. All grantees under 13.444 except those who are supported solely for "outreach" activities, are to complete Tables IIIA and IIIB.

Table IA - Demonstration/Service Activities Date

Children

Enter actual performance data for this report period into the appropriate boxes. Use age as of the time of the original application, or the continuation application, whichever is later. On lines above line 11, count multihandicapped individuals only once, by primary handicapping condition, and indicate

the number of multihandicapped in line 12. Data for lines 1 through 11 are for those directly served; i.e., services to those enrolled or receiving major services, and not those merely screened, referred or given minimal or occasional services.

Type of Handicap	Number of Handicapped Served by Age					
	Ages 0-2	Ages 3-5	Ages 6-9	Ages 10-12	Ages 13-18	Age 19 and Over
1. Trainable Mentally Retarded						
2. Educable Mentally Retarded						
3. Specific Learning Disabilities						
4. Deaf-Blind						
5. Deaf/Hard of Hearing						
6. Visually Handicapped						
7. Seriously Emotionally Disturbed						
8. Speech Impaired						
9. Other Health Impaired						
10. Orthopedically Impaired						
11. Total	15					
(Multihandicapped	15					

If the data in the above table differ by more than 10 percent from the data originally presented in your approved application, please explain the difference.

Table IB
Project Staff Providing Services to Recipients in Table IA

Type of Staff	Number	
	Full-time	Part-time (As Full-time Equivalents)
Professional Personnel (excluding teachers)	1	2
Teachers	2	
Paraprofessional	2	

Table IC
If applicable: Services to Those Handicapped Not Included in Table IA

Service	Number of Handicapped
Screened	
Diagnostic and Evaluative	
Found to Need Special Help	
Other Resource Assistance	

Table II
Preservice/Inservice Training Data

Handicapped Area of Primary Concentration	Number of Persons Received Inservice Training	Number of Students Received Preservice Training by Degree Sought			
		AA	BA	MA	Post-MA
Multihandicapped				1	3
Administration					
Early Childhood					
Trainable Mentally Retarded					
Educable Mentally Retarded					
Specific Learning Disabilities					
Deaf/Hard of Hearing					
Visually Handicapped					
Seriously Emotionally Disturbed					
Speech Impaired				1	
Orthopedically and Other Health Impaired			1		
TOTAL			1	2	3

If data in Table II above differ by more than 10 percent from those in your approved application, explain.

Table IIIA
Placement of Children Participating in
Early Childhood Program During Reporting Period

Indicate the placement of children who left your project during the year covered by this report period.
NOTE: Count each child only once by primary type of placement below.

TYPE OF PLACEMENT		NUMBER OF CHILDREN	
		FULL-TIME	PART-TIME
INTEGRATED PLACEMENT (i.e., in regular programs with children who are NOT handicapped)	Nursery schools		
	Day-care programs	1	
	Head Start		
	Pre-kindergarten		
	Kindergarten		
	Primary grades	First	
		Second	
		Other	
SPECIAL EDUCATION PLACEMENT (i.e., in classes only for handicapped children but situated in regular private or public school)	Pre-kindergarten	2	
	Kindergarten		
	Primary grades	First	
		Second	
		Other	
INSTITUTIONAL PLACEMENT	Scheduled to remain in Early Childhood Program in coming year		
	Other (specify) hospital	1	

Table IIIB

Cumulative number of children entered into integrated placement (if known) prior to this report period →	NUMBER	Estimated retention rate of cumulative number in integrated placement →	PERCENT
	1		100%

FINANCIAL STATUS REPORT (Follow instructions on the back)			1. FEDERAL AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH REPORT IS SUBMITTED OFFICE OF EDUCATION		2. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER G00 7900508		OMB Approved No. 80-RO180		PAGE 1 OF 1 PAGES		
3. RECIPIENT ORGANIZATION (Name and complete address, including ZIP code) NATIONAL CHILDREN'S CENTER, INC. 6200 Second Street, N. W. Washington, D. C. 20011			4. EMPLOYER IDENTIFICATION NUMBER 53-0260523		5. RECIPIENT ACCOUNT NUMBER OR IDENTIFYING NUMBER		6. FINAL REPORT ☒ YES ☐ NO		7. BASIS ☐ CASH ☒ ACCRUAL		
			8. PROJECT/GRANT PERIOD (See instructions)				9. PERIOD COVERED BY THIS REPORT				
			FROM (Month, day, year) July 1, 1980		TO (Month, day, year) June 30, 1981		FROM (Month, day, year) July 1, 1980		TO (Month, day, year) June 30, 1981		
10. STATUS OF FUNDS											
PROGRAMS/FUNCTIONS/ACTIVITIES ▶		(a)	(b)	(c)	(d)	(e)	(f)	TOTAL (g)			
a. Net outlays previously reported		\$ -0-	\$	\$	\$	\$	\$	\$ -0-			
b. Total outlays this report period		117,170.00						117,170.00			
c. Less: Program income credits		117,170.00						117,170.00			
d. Net outlays this report period (Line b minus line c)		-0-						-0-			
e. Net outlays to date (Line a plus line d)		117,170.00						117,170.00			
f. Less: Non-Federal share of outlays		-0-						-0-			
g. Total Federal share of outlays (Line e minus line f)		117,170.00						117,170.00			
h. Total unliquidated obligations		-0-						-0-			
i. Less: Non-Federal share of unliquidated obligations shown on line h		-0-						-0-			
j. Federal share of unliquidated obligations		-0-						-0-			
k. Total Federal share of outlays and unliquidated obligations		117,170.00						117,170.00			
l. Total cumulative amount of Federal funds authorized		117,170.00						117,170.00			
m. Unobligated balance of Federal funds		-0-						-0-			
11. INDIRECT EXPENSE		a. TYPE OF RATE (Place "X" in appropriate box) ☐ PROVISIONAL ☒ PREDETERMINED ☐ FINAL ☐ FIXED			13. CERTIFICATION I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.			SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL <i>Betty Nelson</i>		DATE REPORT SUBMITTED 8/25/81	
		b. RATE 26%	c. BASE 86,316.00	d. TOTAL AMOUNT 117,170.00							
12. REMARKS: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.					TYPED OR PRINTED NAME AND TITLE Betty Nelson, Business Manager			TELEPHONE (Area code, number and extension) 202) 722-2300			

INSTRUCTIONS

Please type or print legibly. Items 1, 2; 3, 6, 7, 9, 10d, 10e, 10g, 10i, 10l, 11a, and 12 are self-explanatory, specific instructions for other items are as follows:

<i>Item</i>	<i>Entry</i>	<i>Item</i>	<i>Entry</i>
4	Enter the employer identification number assigned by the U.S. Internal Revenue Service or FICE (institution) code, if required by the Federal sponsoring agency.	10c	Enter the amount of all program income realized in this period that is required by the terms and conditions of the Federal award to be deducted from total project costs. For reports prepared on a cash basis, enter the amount of cash income received during the reporting period. For reports prepared on an accrual basis, enter the amount of income earned since the beginning of the reporting period. When the terms or conditions allow program income to be added to the total award, explain in remarks, the source, amount and disposition of the income.
5	This space is reserved for an account number or other identifying numbers that may be assigned by the recipient.	10f	Enter amount pertaining to the non-Federal share of program outlays included in the amount on line e.
8	Enter the month, day, and year of the beginning and ending of this project period. For formula grants that are not awarded on a project basis, show the grant period.	10h	Enter total amount of unliquidated obligations for this project or program, including unliquidated obligations to subgrantees and contractors. Unliquidated obligations are: Cash basis—obligations incurred but not paid; Accrued expenditure basis—obligations incurred but for which an outlay has not been recorded. Do not include any amounts that have been included on lines a through g. On the final report, line h should have a zero balance.
10	The purpose of vertical columns (a) through (f) is to provide financial data for each program, function, and activity in the budget as approved by the Federal sponsoring agency. If additional columns are needed, use as many additional forms as needed and indicate page number in space provided in upper right; however, the totals of all programs, functions or activities should be shown in column (g) of the first page. For agreements pertaining to several Catalog of Federal Domestic Assistance programs that do not require a further functional or activity classification breakdown, enter under columns (a) through (f) the title of the program. For grants or other assistance agreements containing multiple programs where one or more programs require a further breakdown by function or activity, use a separate form for each program showing the applicable functions or activities in the separate columns. For grants or other assistance agreements containing several functions or activities which are funded from several programs, prepare a separate form for each activity or function when requested by the Federal sponsoring agency.	10j	Enter the Federal share of unliquidated obligations shown on line h. The amount shown on this line should be the difference between the amounts on lines h and i.
10a	Enter the net outlay. This amount should be the same as the amount reported in Line 10e of the last report. If there has been an adjustment to the amount shown previously, please attach explanation. Show zero if this is the initial report.	10k	Enter the sum of the amounts shown on lines g and j. If the report is final the report should not contain any unliquidated obligations.
10b	Enter the total gross program outlays (less rebates, refunds, and other discounts) for this report period, including disbursements of cash realized as program income. For reports that are prepared on a cash basis, outlays are the sum of actual cash disbursements for goods and services, the amount of indirect expense charged, the value of in-kind contributions applied, and the amount of cash advances and payments made to contractors and subgrantees. For reports prepared on an accrued expenditure basis, outlays are the sum of actual cash disbursements, the amount of indirect expense incurred, the value of in-kind contributions applied, and the net increase (or decrease) in the amounts owed by the recipient for goods and other property received and for services performed by employees, contractors, subgrantees, and other payees.	10m	Enter the unobligated balance of Federal funds. This amount should be the difference between lines k and l.
		11b	Enter rate in effect during the reporting period.
		11c	Enter amount of the base to which the rate was applied.
		11d	Enter total amount of indirect cost charged during the report period.
		11e	Enter amount of the Federal share charged during the report period.
			If more than one rate was applied during the project period, include a separate schedule showing bases against which the indirect cost rates were applied, the respective indirect rates the month, day, and year the indirect rates were in effect, amounts of indirect expense charged to the project, and the Federal share of indirect expense charged to the project to date.

Direct and Supplementary Services for Children
(Objective #3 in Original Application)

Accomplishments

1. Two infant stimulation classes were conducted at the National Children's Center five days per week for six hours a day. Children were placed in classroom according to age and level of functioning.
2. As of June 30, 1981, there were fifteen children enrolled in the program. Ages ranged from six to thirty six months. Each child attended the center from two to five days each week. The average attendance was 20.4 hours per week. The amount of time a child was scheduled into the classroom was based on a parent/team decision following the preadmission visit and was related to the severity of delay or handicapped condition.
3. Each classroom was staffed by a teacher having a bachelor or masters degree and a non-degree teacher's aide. The daily child: teacher ratio never exceeded 3:1. A support staff composed of a physical therapist, occupational therapist and speech - language pathologist provided individual and small group services on a daily basis.
4. A nutritionist provided consultative services for two children. A psychological consultant provided services on two occasions to a child enrolled in the project. An audiological screening, performed by a certified audiologist, was provided for each child. The NCC pediatrician provided primary medical care for four children enrolled in the project.
5. A transdisciplinary approach to intervention was utilized, and responsibilities for goals were shared among the entire staff. The support staff conducted treatment in the classroom so that all members of the transdisciplinary team observed and replicated selected procedures under the direction

of appropriate specialists.

6. A thorough transdisciplinary evaluation was conducted prior to a child's acceptance into the program. Re-evaluations were conducted at six month intervals, and results were written into progress reports. (See Appendix for evaluation schedule and responsibilities)

7. An Individualized Education Plan was developed within thirty days of enrollment by the transdisciplinary team and parent based on the results of team evaluation. IEP's contained present functioning level and both annual and short term goals in the following developmental areas: gross and fine motor, receptive and expressive language, cognition, social and self help skills. (See Appendix for sample IEP) IEP goals were monitored daily, and data were kept regarding daily performance. (See Appendix for sample chart) IEP's were updated at six month intervals to coincide with re-evaluation, and parent meetings were held at those times.

8. Activities designed to implement IEP goals were based on the San Juan Handicapped Infant Project Curriculum. The San Juan Curriculum Checklist was updated bi-weekly. Additional items were selected from other sources (Developmental Programming for Infants and Young Children and Education for Multiple Handicapped Infants) to supplement the San Juan. Anecdotal notes on each child were written daily.

9. Weekly meetings were conducted to staff individual children. Each child was discussed every four to six weeks. Areas of discussion included: health status, present functional level, progress toward goals in each developmental area and parent involvement. Other areas of concern were also addressed on an "as needed" basis.

Slippages

1. From September 29, 1980 through October 10, 1980, the center based component of the Infant Stimulation Program did not operate due to a job action instituted by the teaching staff of the National Children's Center. The center based program resumed operation on October 13, 1980 when a stable classroom staff was organized and employed.

Parent/Family Participation
(Objectives #2,4,8 in Original Application)

Accomplishments

1. The project and families enrolled in the program entered into contractual agreement for provision of services for both children and parents. (See Appendix for contract.)
2. An Individualized Family Plan was developed by the family and transdisciplinary team within thirty days of enrollment. This plan delineated goals in the areas of parenting skills, personal development and vocational development. It included appropriate intermediate steps for both families and staff. Estimated dates of completion were also presented. IFPs were updated at six month intervals. (See Appendix for sample IFP.)
3. A home based program was conducted with all families under the supervision of the maternal-child nurse. She was assisted by the caseworker and other members of the transdisciplinary team. Each family was visited at home once per week. Since July 1, 1980, a total of 359 home visits were conducted. Parent participation in scheduled home visits ranged from 100% to 69% with a mean attendance of 88% for the group.
4. The home program was organized according to the areas of need delineated in the IFP and IEP, and activities were developed to meet the goals on the plans. Medical counseling and support for both mother and child were provided during home visits and included discussion of routine health care, followup of medical appointments and growth monitoring.
5. Individualized child stimulation activities were presented on home visits in coordination with the center based program. The families were

trained in specific techniques, and progress was monitored by the nurse through observation and discussion. The families were presented with as many activities as the nurse judged could be effectively handled. At times, the nurse was accompanied on home visits by other members of the transdisciplinary team in order to discuss and demonstrate specific techniques or to adjust equipment.

6. Parent seminar groups were conducted weekly by the project's caseworker and nurse. Topics for classes were developed from IFP goals and addressed personal as well as parenting concerns of the mothers. Areas for discussion have included: normal child development, abnormal child development, handicapping conditions, home safety, job search strategies, interviewing, budgeting, birth control and nutrition and exercise. (See Appendix for sample lessons.)

7. Once each month, the mothers' group was conducted in the classroom by the transdisciplinary team. This provided time for discussion and demonstration of early intervention activities and permitted parents to observe teachers and therapists work with children. It also provided the opportunity for parents to observe the development of children other than their own.

8. Since July 1, 1980, a total of 40 parent seminars and twelve parent participation days were offered. Attendance at the seminars ranged from 80% to 38% with a mean of 54%. Classroom participation attendance ranged from 60% to 10% with a mean of 41%.

9. Nine hours of phone call advocacy and individual counseling were provided to one mother by the program's caseworker to help in securing legal aid prior to a child custody hearing.

10. Approximately four hours of individual counseling were provided by the caseworker to another parent. The focus of the meetings was to develop a realistic sense of job abilities and to refine job search skills.

11. Weekly staffings were conducted by the project to discuss individual services provided to parents. Each family was staffed every four to six weeks.

12. Evaluation of Family Participation

- a) Seventy three percent of mothers in the program were employed or enrolled in school as of June 30, 1981. This is an increase of 23% over last year. Four of the mothers were employed by the National Children's Center on either a full or part-time basis.
- b) Pre and post-tests were conducted at a twelve month interval using the Maternal Risk Scale and the Caldwell HOME Inventory. The analyzed sample was composed of mothers who had been enrolled in the program for at least one year.

Maternal Risk Score

1. Fifty five percent of the mothers displayed an increased risk score on this instrument when comparing pre and post-test scores. Thirty three percent of the mothers received a decreased risk score, and 11% exhibited no change.
2. In examining individual items, increased scores were found in the area of independent living. Mothers living apart from their families were considered "high risk" by this instrument despite the appropriateness or stability of the living situation. It was judged that the Maternal Risk

Scale penalized mothers for developing independence, and that, in its present form, was inappropriate for use as a measure of change with the families in the program.

HOME Inventory

1. Twenty nine percent of the mothers displayed improved scores on the HOME. Fourteen percent exhibited lower scores and 57% maintained the same total score on pre and post-tests.
2. On individual sections of the instrument, 86% of the mothers displayed lower scores on the post-test in the factor that examined avoidance and restriction of punishment. Staff judged that this resulted from the increased abilities and mobility of children which resulted in more instances of disciplinary action. In addition, familial discipline patterns varied greatly for infants (pre-test) vs. toddlers (post-test).
3. Fifty percent of the mothers displayed improved scores on the section measuring maternal involvement with the child.

Slippages

1. Vocational and academic programming were not offered at the Center due to the lack of available personnel. As an alternative, the Career Assessment Center was utilized for vocational testing and training. Mothers were referred to GED programs located in the metropolitan area.
2. From September 29, 1980 through October 10, 1980, the program's home visit schedule was interrupted due to a job action instituted by the teaching staff at the National Children's Center. Parent seminars were also discontinued until November 1, 1980. During this time, project staff maintained telephone contact with all the families enrolled in the

program.

3. The National Children's Center respite care facility is no longer in operation. As a result, this service was not offered to families enrolled in the Infant Stimulation Program.

Assessment of Child Progress

Accomplishments

1. Process evaluation considers the delivery of services and is discussed by area throughout this report. Process evaluation was an ongoing procedure with delineated reports prepared at six month intervals.
2. The outcome evaluation considers any benefits a child may have derived from participation in the program. A model, which uses pre and post-tests to assess changes in development, was initiated in the project's first year of operation and continued to be implemented.
3. For analysis, the measures of change were divided into the following categories:
 - a) measures used to assess the status of the child for the purpose of planning intervention (San Juan Curriculum Checklist, IEP goal achievement, other diagnostic tests)
 - b) measures used to assess child progress for the purpose of program evaluation (Bayley Scales of Infant Development, Early-LAP)

The categories were designed to avoid the interference of task specificity in which a child achieves an item because it has been directly taught rather than having the skill as part of her behavioral repertoire.

4. In addition, the children served by the project were grouped as follows:
 - a) children designated high risk due to a birthweight of 2500 grams or less without a diagnosed handicapping condition
 - b) children with diagnosed neurologic handicaps

5. For this report, the evaluation results were assessed for a one year time period with an interval of twelve months between pre and post-testing. The scores of children enrolled in the program less than twelve months were not included for analysis.

6. Measures used for the purpose of intervention

San Juan Curriculum Checklist

a) The high risk group achieved an average change of +11.6 months. At the time of post-testing, one child displayed age appropriate behavior in all developmental areas assessed by this instrument. Another child displayed age appropriate behavior in five of the seven assessed areas.

b) The handicapped group achieved an average change of +5.8 months.

Achievement of IEP Goals

a) Of the high risk group, 80% of the children achieved 83% or more of the short term goals established on the IEP. One child achieved all goals in six of the seven delineated areas. Another child achieved all goals in five of the seven areas.

b) Eighty percent of the children in the handicapped group achieved 60% or more of the short term goals established on the IEP.

7. Measures used for the purpose of program evaluation

Bayley Scales of Infant Development

High Risk Group (See Table A)

a) This group achieved a mean change of +13.0 points on the Mental Development Index with a range of +34 to -9 points. Two children with a pre-test MDI of < 50 (below three standard deviations) received post-test scores which placed them between one and two standard deviations below the mean. One child's MDI changed from

<50 to 60 which falls between the second and third standard deviation below the mean. None of the children in this group received scores falling below three standard deviations on the post-test.

b) The high risk group achieved a mean change of + 23.8 points on the Psychomotor Development Index with a range of +33 to no change. One child with a pre-test PDI of <50 (below three standard deviations) received a post-test score of 79 which placed him between the first and second standard deviations below the mean.

Handicapped Group (See Table B)

a) With this group, age equivalencies were used to assess change as was recommended in the Bayley manual.

b) On the Mental Scale, the handicapped group achieved a mean change of + 6.4 months between pre and post-test scores with a range of +10 to +2 months. None of the children in this group were displaying age equivalent functioning at the time of either pre or post-testing.

c) On the Motor Scale, this group achieved a mean change of + 4.2 months with a range of + 1 to +9 months. None of the children were displaying age equivalent functioning at the time of either pre or post-testing.

Early-LAP

High Risk Group (See Table C)

a) The high risk group achieved an average increase of 9.4 months over all the developmental areas assessed by this instrument.

Changes in children's functional level ranged from + 5.8 months to + 12.5 months. In addition, age appropriate skills were displayed in eleven of the twenty five scores presented at the time

of post-testing.

Handicapped Group (See Table D)

a) The handicapped group achieved an average increase of 5.1 months over all the developmental areas assessed by the E-LAP. Changes in children's functional level ranged from + 1.8 months to +6.6 months.

8. Since there was no control group with which to compare evaluation results, no generalizations about the effectiveness of the program were made. All of the children in the program showed an increase in functional developmental level, and it was judged that the intervention strategies utilized were appropriate for the individual children enrolled in the program.

Slippages

none

TABLE A

Bayley Scales of Infant Development - Pre-test and Post-Test Results

High Risk Infants

Child	MDI			PDI		
	<u>pre</u>	<u>post</u>	<u>change</u>	<u>pre</u>	<u>post</u>	<u>change</u>
A	<50	78	+28	<50	79	+29
B	96	85	-9	104	128	+24
C	99	101	+2	110	143	+33
D	<50	74	+34	54	87	+33
E	<50	60	+10	<50	50	0

MDI $\bar{x}$ Change +13.0PDI $\bar{x}$ Change +23.8

TABLE B

Bayley Scales of Infant Development - Pre - test and Post - test Results

Infants with Diagnosed Neurological Handicaps

Child	Mental Age Equivalency (months)			Motor Age Equivalency (months)		
	<u>pre</u>	<u>post</u>	<u>change</u>	<u>pre</u>	<u>post</u>	<u>change</u>
F	10	14	+4	6	10	+4
G	18	24	+6	22	26	+4
H	10	12	+2	5	6	+1
I	14	22	+8	11	20	+9
J	6	16	+10	9	12	+3

Mental Age $\bar{x}$ change +6.4 monthsMotor Age $\bar{x}$ change +4.2 months

TABLE C

Early - LAP ResultsFunctional Level and Change since Pre-test
(Reported in Months)

High Risks Infants

	Gross Motor		Fine Motor		Language		Cognition		Self - Help	
	<u>Level</u>	<u>Change</u>	<u>Level</u>	<u>Change</u>	<u>level</u>	<u>Change</u>	<u>Level</u>	<u>change</u>	<u>Level</u>	<u>Change</u>
A	11	+9	17*	+14	12	+8	18*	+12	18*	+15
B	21*	+12	24*	+14	19	+10	21*	+9	30*	+16
C	36*	+12	24*	+6	24*	+12	24*	+12	21	+9
D	12	+9	10	+7	5	+1	8	+4	12	+6
E	11	+6	16	+13	10	+2	12	+8	9	+3

*indicates age appropriate or higher functioning

TABLE D

Early - LAP Results - Functional Level and Change
(Reported in Months)

Infants with Diagnosed Neurological Handicaps

	Gross Motor		Fine Motor		Language		Cognition		Self-Help	
	<u>level</u>	<u>change</u>	<u>level</u>	<u>change</u>	<u>level</u>	<u>change</u>	<u>level</u>	<u>change</u>	<u>level</u>	<u>change</u>
G	21	0	24	+2	24	+5	27	+6	18	-4
H	2	+2	14	+8	12	+8	18	+11	10	+4
I	21	+10	17	+3	18	+6	18	+6	22	+6
J	11	+3	16	+6	24	+14	14	+2	17	+3

Inservice Training and Staff Development
(Objective #11 in Continuation Application)

Accomplishments

1. All staff members were oriented to HCEEP project goals and objectives.
2. All staff members were oriented to NCC policies and procedures.
3. All staff members assessed their training needs and made recommendations for inservice presentations.
4. Weekly meetings were held to discuss infant and parent progress. All project staff participated in these meetings.
5. Weekly staff meetings were held to disseminate information and to discuss project goals and implementation.
6. An eight hour needs assessment was conducted in conjunction with TADS to review and evaluate the project's philosophy, operation and future direction.
7. In addition to weekly meetings, a total of 31 hours of inservice training was presented at NCC for all project staff.
 - a. A psychological consultant presented an inservice on feeding problems and handicapped children.
 - b. The physical and occupational therapist presented a joint inservice on gross and fine motor development.
 - c. The maternal-child nurse presented an inservice on safety and medical procedures.
 - d. The nutritionist presented an inservice on nutrition and infection control.

- e. The speech-language pathologist presented an inservice on language development.
 - f. A neonatologist from Children's Hospital presented an inservice on medical problems of premature infants.
 - g. A consultant from the College-Community Job Search Program presented a day long workshop to train staff in methods of helping adolescents find jobs.
 - h. The occupational therapist presented an inservice on the field of occupational therapy and the problems that OT's treat.
 - i. The physical therapist led a discussion on parental perceptions of home therapy responsibilities.
 - j. The caseworker presented an inservice on logical consequences to behaviors.
 - k. The occupational therapist presented an inservice on the development of prehension.
 - l. The physical therapist presented an inservice on positioning and handling children with cerebral palsy.
8. Following each inservice, staff members rated the presentation on applicability to their needs and overall quality using a scale of one (low) to five (high). The inservices presented at NCC received a mean rating of 3.9 for applicability and 3.8 for overall quality. Ratings for each area ranged from 2 to 5.
9. Staff attended conferences, workshops and seminars outside of NCC to receive training pertinent to the project for a total of 185 hours.
- a. The speech-language pathologist attended a two day workshop on Infant Stimulation at Georgetown University.
 - b. The project coordinator attended the HCEEP-DEC conference for three days involvement in workshops, seminars and meetings.

- c. Five staff members attended a conference on handicapped infants at George Washington University.
 - d. Four staff members attended the conference "The Contexts of Infancy, Family and Society" at Bank Street College of Education in New York City.
 - e. Eight staff members completed the eight hour training module in Cardiopulmonary Resuscitation presented by the American Red Cross and became certified in CPR.
10. Following attendance at outside training activities, staff members rated the presentations on applicability and overall quality using a scale of one (low) to five (high). Outside presentations received a mean rating of 3.2 for applicability and 3.7 for overall quality. In the area of outside training, the CPR module received the highest rating with a mean of 4.2 for applicability and 3.9 for overall quality.
11. Staff members visited other programs in the metropolitan Washington, D.C. area which serve infants or adolescents. Activities during the visits included observations, discussions with staff members and examination of materials.
- a. TIIP-Howard University Hospital
 - b. D.C. Society for Crippled Children
 - c. Family Place
 - d. IMPACT - Howard University
 - e. United Planning Organization
 - f. Christ Church Child Center
 - g. Hospital for Sick Children
 - h. Children's Hospital National Medical Center
 - i. Columbia Lighthouse for the Blind
12. All staff received feedback from project coordinator concerning performance.

Training for Personnel from Other Agencies
(Objective #10 in Original Application)

Accomplishments

1. The project established a liason with Howard University Hospital and Georgetown University Hospital to provide four hours training modules for pediatric residents. The modules included discussions of program philosophy and goals, classroom observation and participation in intervention activities. Thus far, three pediatric residents have participated in training.
2. An agreement was made with the Howard University School of Human Resources for the project to serve as a training site for parents enrolled in the HIIP program at D.C. General Hospital. Training was to consist of a six week internship in the infant stimulation classrooms. As of this date, the sponsoring agencies had not completed their pre-internship training with the parents.
3. A graduate student in special education from Howard University received 40 hours of training in intervention techniques through participating in project discussions and classroom activities.
4. A graduate student in speech pathology from the University of Maryland participated in the project for three hours per week during the fall semester. Training activities included observation, evaluation and direct services to children enrolled in the program.
5. A speech pathologist from the HIIP program at D.C. General Hospital received four hours of training in evaluation and intervention techniques through association with the project.

6. A physical therapy student from the University of Maryland received ten hours of training per week during the fall semester through association with the project. Training activities consisted of observation and assisting the staff physical therapist with treatment.

Slippages

1. As stated in the progress report dated December 31, 1980, a training program for pediatric residents from Children's Hospital was not conducted due to the termination of the training program conducted at the National Children's Center.

2. The project had originally intended to sponsor a conference, in association with the TEDI program and the D.C. Consortium of Handicapped Children's Programs, for agencies providing infant educational services. The conference was not held due to lack of sufficient time for coordination of events by three sponsoring organizations.

Demonstration and Dissemination
(Objective #10 in Original Application)

Accomplishments

1. Since July 1, 1980, 61 tours of the project were provided for interested professionals, students and other groups. A total of 403 people visited the project during the past year. (See Appendix for list)
2. The project nurse and one of the parents enrolled in the project presented a program on the "Effects of Drug Abuse on Unborn Children" at the Methadone Clinic at D.C. General Hospital.
3. The program coordinator made a presentation on "Early Intervention" to the D.C. Association for Retarded Citizens.
4. A report of program activities was included in "No Time to Live", a television documentary concerning the infant mortality rate in Washington, D.C.
5. A fact sheet describing program services and eligibility requirements was updated and mailed to 35 hospitals, clinics and public health agencies. In addition, 200 of the fact sheets were disseminated to interested professional, students and families. (See Appendix for fact sheet)
6. A guide for stimulating parent-child interaction was prepared. As of this date, it was undergoing final revision following review and critique by two reviewers provided by TADS. The guide is divided into three sections (0-1, 1-2, 2-3 years) and presents activities which can be incorporated into play or daily living situations. Responses which might be elicited through the activities are provided, and an appendix of songs and games is also included. (See Appendix for sample pages)

7. Materials continued to be collected for inclusion in a handbook describing the project's parent training program.

Slippages

1. Items for an infant curriculum were assembled and reviewed. Following staff discussion, it was decided that any curriculum produced by the project would differ only slightly from several useful and effective curricula already available. As a result, work on an infant curriculum for dissemination was discontinued.

2. A slide-tape presentation of project services was under preparation in cooperation with D.C. Consortium of Handicapped Children's Programs. Slides and a draft of the tape script were presented to a consortium consultant for final production and editing. As of this date, the consultant had not completed the presentation. Plans were made for the project to independently produce a slide presentation.

Coordination with Other Agencies
(Objective 1,5,6 in Original Application)

Accomplishments

1. The referral-acceptance procedure which was instituted during the Project's first year of operation was expanded to include a followup meeting with parents prior to program enrollment. The purpose of the meetings was to discuss evaluation results and recommendations for service so that a parent had the opportunity to make an informed decision regarding enrollment. For families not accepted into the program, it provided time to discuss possible alternate placements. (See Appendix for outline of process and staff responsibilities.)

2. Since July 1, 1980, a total of 22 referrals have been processed from the following sources:

Hospitals 13

Public Health Agencies 5

Other 4

3. Of the referrals processed, ten families have been accepted into the program and four are currently involved in the pre-admission process. Eight were not accepted into the program and were referred to other infant programs or day care centers.

4. A fact sheet describing the program was updated and mailed to 35 possible referral sources in February. The fact sheet contained information on program services, location and eligibility requirements. (See Appendix for fact sheet)

5. The caseworker, nurse and program coordinator visited and maintained phone and letter contact with hospitals, social service agencies, clinics, infant and preschool programs and other referral or placement sources. (See Appendix for partial listing)

6. As a member of the D.C. Consortium of Handicapped Children's Programs, the project was part of an "Action Line" which attempted to locate appropriate placements for handicapped children.

7. Since July 1980, seven families withdrew from or completed the program and have secured the following placements:

- 2 Re-admitted to NCC Infant Program
- 1 NCC Pre-School
- 1 Hospital for Sick Children
- 1 D.C. Society for Crippled Children
- 1 Special services no longer required
- 1 Unknown

8. Project staff worked cooperatively with other agencies providing services to families enrolled in the program. These other agencies included hospitals, public health services, other program for handicapped children and private physicians.

9. The nurse, caseworker, teachers and coordinator attended five meetings outside the project concerning families formerly enrolled in the program.

10. A liason was established with Columbia Lighthouse for the Blind for the purpose of on site consultations by their staff to aid in development of appropriate programming for visually impaired children enrolled in the project.

11. The project coordinator met on three occasions with the project coordinator of the District of Columbia's State Implementation Grant to discuss and help formulate standards for preschool services for handicapped children.

Slippages

None

Continuation and Replication
(Objective #9 in Original Application)

Accomplishments

1. The Executive Director of the National Children's Center investigated Medicaid funding and plans to submit a proposal for consideration in Fall 1981. This source could provide funding for intervention with children including the services of a pediatrician, physical therapist, occupational therapist, speech pathologist, nurse and caseworker. Parent services including counseling and parent training conducted by the nurse and caseworker could also be funded through this source.
2. United Way funding was received for 1980-1981 and 1981-1982. Applications will continue to be made to this source. If received, the funding could be used to fund transportation and teachers' salaries.
3. The following private foundations were investigated, and the procedures for applying to these sources were obtained:
 - a) The Morris and Gwendolyn Cafritz Foundation
 - b) The Joseph P. Kennedy Jr. Foundation
 - d) Public Welfare Foundation
 - e) Ralph L. Smith Foundation
4. Day Care licensing for the project was obtained.
5. Discussion continued regarding the cost efficiency of the program and replicable aspects of the model.
6. TADS provided a one day on-site consultation regarding continuation funding.
7. The project coordinator attended sessions at the HCEEP-DEC conference concerned with funding.

Slippages

None

Advisory Council
(Objective #7 in Original Application)

Accomplishments

1. The Advisory Council was composed of eleven members including three mothers enrolled in the project. (See Appendix for List of Members)
2. The Advisory Council met on October 6, 1980 and June 30, 1981 at the National Children's Center. A meeting scheduled for March 18, 1981 was cancelled when ten of the eleven members indicated they would be unable to attend. (See Appendix for agenda)
3. Individual members aided the program in their particular area of expertise. An attorney supplied assistance in investigation of educational training for mothers. A council member provided information regarding educational opportunities for handicapped three year olds. A parent member offered suggestions for improving parent participation in the program.
4. A one day on-site consultation was provided by TADS to assist the project in building a more effective advisory council.

Slippages

1. Schedule conflicts among the council members prevented the establishment of a regular day and time for meetings. As a result, the group did not meet quarterly as originally proposed.

Anticipated or Unanticipated Spin-Off Developments

1. The project did not originally anticipate producing a stimulation guide for use by parents. The guide was prepared following a staff decision that currently available materials are inappropriate for use the families enrolled in the program.
2. Two CETA workers placed in the project from November 1980 to April 1981 decided to continue working in the field of child care when their CETA program was terminated.
3. It was not originally anticipated that the project would provide parent training in PL 94-142. Since the majority of children enrolled in the program will continue to need special services, the topic of child advocacy was added to the parent curriculum.

APPENDIX

Evaluation Schedule

<u>Measure</u>	<u>When Administered</u>
Child:	
Denver Developmental Screening	pre-admission home visit
Bailey Scales of Infant Development	pre-admission; yearly
Developmental Language Scale	pre-admission; 6 month intervals
Milani Comparetti	pre-admission; 6 month intervals
E-LAP	pre-admission; 6 month intervals
video tape	pre-admission; 6 month intervals
IEP goals	30 days after admission; 6
physical examination	pre-admission
health indices (height, weight)	monthly
San Juan Curriculum Checklist	pre-admission; biweekly
data collection on developmental goals	daily

INDIVIDUALIZED EDUCATION PROGRAM (IEP)*

Agency _____

Date of Report _____

Program _____

1. Identifying Information

Name of Student _____ Birthdate _____ Age _____

School _____ Teacher _____

Name of Parent/Guardian _____ Phone Number _____

Address _____

2. Special Notations

a. Health Status, Visual and Hearing Acuity _____

b. Observed Learning Style _____

c. Other _____

3. Period of Plan

From _____ To _____

4. Present Levels of Performance

Fine Motor Skills:

*Use the IEP Instruction Guide when filling in this form.

Cognitive Skills:**Language Skills:**

1) Expressive

2) Receptive

Gross Motor Skills:**Social Skills:**

Attach additional sheets as needed

Name of Student _____ Birthdate _____

Self-Help Skills!

Other: (include any pertinent information not stated above)

5. Prioritized Annual Goals:

Area

Goal

Name of Student _____

Birthdate _____

6. Short-Term Objectives

7. Responsible Individual

8. Projected Dates for Initiation
of Services and Anticipated
Duration of Services

Page _____ of _____

Attach additional pages as needed.

9. a. Service Delivery

b. Comments and suggestions to facilitate instructional programming:

10. Schedule for determining whether short term objectives are being achieved:

- a. Annual Review Date(s) _____
 b. Interim Review Date(s) _____

11. IEP Meeting(s):

Date _____

Participants :

Name (print or type)	Signature	Position

12. Parents' Comments About IEP

Date(s)	Comments	Changes

NATIONAL CHILDREN'S CENTER, INC.

Infant Stimulation Program
Gross and Fine Motor Activities Sheet

Name: _____

Short Term Goal: _____

Activity	Date/Initials											
1)												
2)												
3)												
4)												
5)												

KEY:

- 1) Pays attention.
- 2) Passively participates in activity.
- 3) Actively participates in activity (still requiring physical assistance)
- 4) Achieves short term goal independently within the structure of the activity.
- 5) Incorporates skill into spontaneous repertoire of motor behavior.

NATIONAL CHILDREN'S CENTER
INFANT STIMULATION PROGRAM

I, _____, voluntarily choose
to enroll myself and my child in the Infant Stimulation Program
from _____ to _____.

I understand that the Infant Stimulation Program will provide:

- a) comprehensive educational services to my child
_____ times per week; and
- b) parent support services to me.

I agree to:

- a) participate in monthly Mother's Day classroom sessions
to be held on _____ from 9:30 a.m. to
12:30 p.m. the last full week of each month; and
- b) participate in Mother's Group to be held on _____
from _____ to _____ every week except
the last full week of the month; and
- c) participate in Home visits _____ times per month
to be held _____; and
- d) participate in all scheduled meetings concerning my child
or myself.

Further, I agree to contact the appropriate staff member if either
my child or myself is unable to attend a scheduled session or meeting.

I understand that continued enrollment in the Infant Stimulation
Program depends on my active participation. I understand that if
I break any part of this agreement, there will be consequences.

(PARENT)

(DATE)

(PROGRAM DIRECTOR)

(DATE)

I, _____, want to work on the following objectives. In order to accomplish these objectives, I agree to carry out the listed steps. I understand that the Infant Staff will offer help as needed. This contract will be reviewed every 6 months.

(signature)

(date)

PERSONAL OBJECTIVE:

MOTHER'S STEPS:

STAFF STEPS:

TARGET DATE:

DATE ACHIEVED:

PERSONAL OBJECTIVE:

MOTHER'S STEPS:

STAFF STEPS:

TARGET DATE:

DATE ACHIEVED:

Topic: Looking for a job

I. What kind of job are you qualified for?

In exercise, group member listed jobs they thought they were qualified for.

Jobs were listed on poster paper.

II. Skills, Likes & Dislikes

(See Attached)

This exercise was helpful in helping group members focus on self. Most group members had a very difficult time and ignored obvious skills. Most members did not know the difference between a job and a skill.

III. How do the skills, Likes & Dislikes you listed connect with jobs you think you are qualified for? We charted as follows....

JOB	A.	D.	M.	SKILLS NEEDED
Day care aide				Like children, organized, responsible
Waitress				Coordinate, organized, social skills etc.

IV. We then talked about how to find jobs. Each group talked about what job-seeking techniques have worked for them.

V. We then talked about things each member needed to think about before you look for work; such as scheduling needs, child care, salary, etc.

Topic: Looking for Jobs (cont.)

The focus of this week's mother's group was on the process of getting a job.

I. Why do people get hired?

We asked each group to brainstorm a list of reasons why people get hired. They were:

Wednesday Group

Experience
Skills
Qualifications
Appearance
Personality
Way of talking
Attitude
Age
Interest in Job
To get training
To get a chance
Dependable
Get along with others
Write well
Read well
References

Thursday Group

Qualifications
Skills
Education
Appearance
Personality
How people carry themselves
Dependable
On time
Responsible
Interested in Job
Talk well with people
Honest
Sell yourself
Good eye contact
Energetic
References
Neat Application form

II. Applications

We then reviewed filling out application forms. We found that most of our mothers did not understand large parts of applications. This is an area in which the mothers need more practice.

LESSON PLANS - MOTHERS' CLASSROOM PARTICIPATION

DATE: September 17, 18 10:00 a.m.
THEME: Learning - How Do Children Learn?

Objective: The mothers will recognize how their children are active participants in their own learning process. (i.e. they learn through experience)

Activities: Judy and Sue will talk to the mothers in the observation room about the importance of giving children the opportunity to hear language and sounds and the opportunity to let children move and explore surroundings. (5-10 minutes).

After this they will come back into the classroom and mothers and babies and staff will sit in a semi-circle for the following:

BLOCKS: Each child will be given 4-6 blocks. A staff member will team up with each mother and child. The child will be observed playing with the blocks. The staff member and mother will then discuss what each child is learning from the blocks at his/her stage of development.

MUSIC;

Activity List

Learning Experiences

"Sit down" song

Bumblebee song

Clapping hands (to clapping song)

Drum Beats activity

Record-dancing

following directions

(1 step, repetition, using objects.)

Imitation of Teachers, children

(body movements, sounds, voices)

Sound/Motion Experiences

(fast/slow, soft/loud, rhythm)

MOTHER PICKING A TOY: Each mother will pick a toy from a pre-selected group and play with her baby using the toy for 2-3 minutes. Each mother will then tell the group about the child's response to the toy and talk about the types of things the child might have learned.



SAMUEL L. ORNSTEIN, Ph. D.
Director

JOHN W. DAYS
President

NATIONAL CHILDREN'S CENTER, INC.

INFANT STIMULATION

PROGRAM

The Infant Stimulation Program at the National Children's Center serves a population of high risk infants (0-3 years) and their mothers.

SERVICES

The program consists of a center-based component, a home-based component and a mother's group. All participating families are enrolled in each aspect of the program.

CENTER-BASED

Children attend the center-based program 2 to 5 days per week depending on need. Developmental assessments are conducted and individual goals are written for each child. Goals address the areas of motor, language, cognitive, social and self-help development. The classroom is staffed by teachers and teaching assistants who are trained in child development. Direct services are also provided by a physical therapist, occupational therapist, and speech-language pathologist. Consultant services are available in the areas of nutrition, behavior, neurology and audiology. Transportation and meals are provided for children enrolled in the program.

HOME-BASED

Each family is visited in the home on a weekly basis by the program's maternal-child nurse. During these visits the nurse discusses and demonstrates activities to aid in child development and help implement the classroom goals. The nurse also serves as a support and source of information for medical and personal concerns.

MOTHERS' GROUP

Each mother attends a mothers' group meeting conducted at the Center on a weekly basis. The topics focus on the personal needs of the mothers as well as their needs as a parent. Once each month, the group meets in the infant classroom to work with the children's teacher and therapists in a specific developmental area.

ELIGIBILITY

The program is open to children birth through three years of age who are either high risk due to a low birth weight or are exhibiting a developmental problem. Mothers of the infants should be single, 21 years old, or younger, without a high school diploma.

FEE

The program is free to eligible infants.

CONTACT

57

Infant Stimulation Program, National Children's Center, 722-2300.

6200 SECOND STREET, NORTHWEST, WASHINGTON, D.C. 20011 / TELEPHONE (202) 722-2300



REFLECTIONS

This helps your baby learn to imitate, look at him/herself and learn his/her name

Things to Use: mirror, toys, blanket, wash cloth

What You Do and Say

- Play "Peek-a-Boo"
- Imitate movements and sounds your baby makes
- Play "Patty Cake"
- Wave and say "Bye-bye" when you leave the room
- Say "Hi!" when you see your baby
- Let your baby play in front of a mirror
- Touch your baby and say his/her name
- Put a cloth over your baby's face and say "Where's _____?"
- Make faces at your baby in the mirror
- Make noises at your baby
- Play "Give and Take" with your baby

What your Baby Might Do

- Imitate your movements
- Imitate your sounds
- Smile or laugh at you
- Cry when you leave the room
- Turn his/her head when name is called
- Play with his/her reflection
- Wave "hi" or "bye-bye"
- Pull cloth off his/her face
- Fuss when you take a toy away

TEA PARTY

This helps your child learn what things are used for, ask for more, and practice doing more things with his/her fingers.

Things to Use: cups, spoons, plates, yarn, large beads, buttons or macaroni

What You Do and Say

- Make necklaces with your child by stringing large buttons, beads or macaroni. When your child is ready for another bead, encourage her/him to say "more"
- Put several objects in front of your child (spoon, cup, show, etc.). Ask her/him to 'give you "The thing you eat with," (drink from, put on your feet, etc).
- Have a tea party with your child. Help her/him set the table. Talk about what you are doing. "You have a cup." "Dolly is sitting", etc.
- Let your child pour water into cups.
- Stir your 'tea' with a spoon.
- Pretend to blow out candle on a birthday cake
- Ask your child if she/he wants tea or cookies
- When the party is over, let your child help wash the dishes and put them away. Talk about where things belong "in the drawer, on the table, etc."

What Your Child Might Do

- Ask for more
- String beads or macaroni
- find things when you name function
- Talk in 2-3 word sentences
- Spill some water when she/he pours
- Use a spoon to stir
- Shake head yes and no
- Understand words like in, on, or under

REFERRAL ADMISSION PROCEDURE

1. Referral information taken (Caseworker, Nurse)
2. Appropriateness of referral decided (Coordinator)
3. Home visit scheduled for appropriate referrals or outside referral made for inappropriate referral (Caseworker)
4. Home visit conducted (Nurse, Caseworker)
5. Staffing to discuss home visit (Nurse, Caseworker, Coordinator)
6. If appropriate, evaluation scheduled and parent contacted or if inappropriate, outside referral made (Caseworker)
7. Preadmission memo written (Caseworker, Nurse)
8. Team Evaluation (Transdisciplinary team)
9. Team Staffing (Transdisciplinary team)
10. Parent meeting to discuss evaluation results (Coordinator, Caseworker)

CONTACT LIST

Children's Hospital National Medical Center
Dept. Pediatrics
Evoked Potentials Lab
Physical Medicine Dept.
Audiology and Speech Pathology

D.C. Society for Crippled Children

HIIP - D.C. General Hospital

Tiip - Howard University Hospital

IMPACT - Howard University

United Planning Organization

Columbia Lighthouse for the Blind

D.C. Public Schools

Hospital for Sick Children

Christ Church Child Center

Improved Pregnancy Outcome

Department of Human Services

NIMH

Gallaudet College - Kendall Demonstration School

WIC Program

Columbia Hospital for Women

Georgetown University Hospital

D.C. Therapeutic Nursery

Family Place

Information Center for Handicapped Individuals

PROJECT DEMONSTRATION

<u>DATE</u>	<u>NO. PEOPLE</u>	<u>GROUP</u>
7-15-80	2	DCPS Special Education
7-22-80	15	United Way
7-25-80	3	Italian Council for Handicapped
7-31-80	4	United Way Chairmen
8-20-80	35	IBM
8-20-80	8	Hospital Sick Children Staff
8-26-80	25	United Way - CFC
8-26-80	15	Maryland National Bank
9-2-80	25	Loaned Executives
9-5-80	2	Israeli Mental Disabilities Council
9-9-80	1	Surrogate Parent Program
9-9-80	20	C&P Telephone
9-11-80	35	WGL Company
9-25-80	5	US postal service
9-25-80	16	United Way
9-26-80	20	United Way - C&P Telephone
10-1-80	18	Washington Post
10-2-80	2	Service Guild
10-22-80		Bank of Virginia
10-28-80	10	D.C. National Bank
11-3-80	20	Continental Telephone
11-7-80	2	P.G. County Public Health
11-17-80	10	Washington Council
11-24-80	1	Howard University Student
11-24-80	4	Kennedy Institute Staff
11-25-80	5	Fairfax Co. Review Team
12-1-81	2	Vocational Rehabilitation Office
12-4-81	3	Deaf Pride
12-16-81	1	Advocacy Attorney
1-8-81	3	Dept. Social Services
1-9-81	9	Foster Grandparents
1-12-81	1	Group Home Staff
1-26-81	2	Georgetown Univ. Physicians
2-2-81	1	Trinity College Student
2-3-81	1	Surrogate Parent
2-6-81	1	Howard Univ. Physical Therapist
2-12-81	1	UDC Student
2-13-81	5	Rosemont Center
2-19-81	3	Georgetown Univ. Students
2-20-81	1	Howard Univ. Student
3-10-81	3	D.C. Dept. Special Education
3-11-81	3	Foster Grandparent Program
3-11-81	1	Christ Church Child Center
3-11-81	1	Catholic Univ. Instructor
3-16-81	1	Fairfax Co. Dept. Soc. Services
3-16-81	2	NIMH
3-17-81	1	Howard Univ. Student
3-26-81	2	Deaf Pride
3-26-81	1	Winston Prouty Center
4-3-81	4	Great Oaks Staff
4-3-81	1	Walter Reed
4-14-81	14	ACTION Personnel
4-15-81	1	Surrogate Parents
4-16-81	4	Nursing Students

4-20-81	1
4-29-81	5
5-6-81	5
5-14-81	3
5-28-81	2
6-9-81	14
6-17-81	1
6-18-81	1

Semarid Society
Swedish Commission on MR
Catholic Univ. Students
Phillipines Goodwill Group
D.C. Commission on Soc. Services
Nursing Students
Israel MR Programs, Director
Physician

NATIONAL CHILDREN'S CENTER, INC.

Infant Stimulation Program

Advisory Board Membership

1. Dr. Michael Datch
10301 Georgia Avenue
Silver Spring, MD 20902 (NCC Advisory Board)
2. Dr. I J. Swoboda
3612 Dorado Court
Fairfax, VA 22031 (Division of Maternal & Child Health)
3. Dr. Robert Nover
Mental Health Study Center
NIMH
2340 University Blvd. East
Adelphi, MD 20783
4. Ms. Jenny Austin, R.N., M.S.N.
Georgetown University Child
Development Center
3800 Reservoir Road, N.W.
Washington, D.C. 20007
5. Ms. Hindi Levy
237 Red Clay Road #202
Laurel, MD 20810 (Superior Court Volunteer Attorney's Office)
6. Dr. Patricia Allison
NIMH
2340 University Blvd. East
Adelphi, MD 20783
7. Ms. Mary Cima
Child Protective Services
122 "C" Street, N.W., Room 409
Washington, D.C. 20001
8. Ms. Nancy Herbert
Preschool/Primary Coordinator
National Children's Center
9. Ms. Della Johnson (Mother)
10. Ms. Michelle Carter (Mother)
11. Ms. Candy Moorefield (Mother)

NATIONAL CHILDREN'S CENTER, INC.

Advisory Board Agenda

1. Introduction of Members
2. Introduction of new Coordinator
3. Discussion of the effects of the teachers' strike on the project
4. Progress of project since last meeting

ADVISORY COUNCIL AGENDA

June 30, 1981

1. Introduction of members and project staff
2. Update on program activities
3. Discussion of continuation funding